

Substitute for Form PTO-876

Application or Booklet Number 10 17771

10/777019

(Column 1)		(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a), (b), or (c))		
SEARCH FEE (37 CFR 1.16(k), (l), or (m))		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))		
TOTAL CLAIMS (37 CFR 1.16(i))		
INDEPENDENT CLAIMS (37 CFR 1.16(iv))	minus 20 =	
	minus 3 =	
APPLICATION SIZE FEE (37 CFR 1.16(e))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(b)(1)(C) and 37 CFR 1.16(e).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))		

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED - PART II

7-26-87

APPLICATION AS AMENDED - PART II

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	
Total (37 CFR 1.168)	46	Minus	35	=		
Independent (37 CFR 1.169)	4	Minus	4	=		
Application Size Fee (37 CFR 1.16(z))						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM. (37 CFR 1.168)						

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
X	=		X	50
X	=		X	200
TOTAL ADD'L FEE			TOTAL ADD'L FEE	350

AMENDMENT B	Column 1	Column 2	Column 3
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(a))		Minus	=
Independent (37 CFR 1.16(a))		Minus	=
Application Size Fee (37 CFR 1.16(s))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(q))			

RATE (\$)	ADDITIONAL FEE (\$)
X	=
X	=
TOTAL ADDL FEE	

RATE (\$)	ADDITIONAL FEE (\$)
X	=
X	=
TOTAL ADDL FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.
 This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public, which is to be used in the processing of an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is not a burden on the public. The amount of time you require to complete this form is estimated to be 10 minutes.

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 * If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".
 * If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

If you need assistance in completing the form, contact the Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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